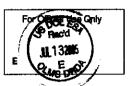
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2756	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2014	
3. Name and address of person filling.	4. Name, file number, and address of labor organization.	
Name RAYMOND J FLACH	Name IBEW LOCAL UNION # 728	
	Labor Organization File Number 009-361	
P.O. Box, Bidg., Room No., if arry	P.O. Box, Building and Room Number, if any	
Street 2015E245T	Street 2015E 24 ST	
CEY FTLAUDERDALE	CW FT LAUDERDALE	
State FLORIDA ZIP Code + 4 233/6-3915	State FLORIDA ZIP Code + 4 33316-3995	
5. Position in labor organization. FINANCIAL SECRETARY		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
	_	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the	
Signed Ruymonl Flack	On 7/7/2005 954-525-3/06 Date Telephone Number	

Name of Person Filling RAYMOND FLACH	File Number U-	24
B. Held an interest in or derived income or economic benefit with monetary vasues substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BEW LOCAL UNION TAB FAMILY HEALTHCASE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.2. Nature of such dealing. REIMBURSEMENT FOR ATTENDING IBEW - NECA EMPLOYEE BENEFITS CONFERENCE IN DRIANDO FLORIDA DECEMBER 1 2004 THROUGH DECEMBER 3 2004	
Street 7990 SW 117 AVE	11.b. Approximate dollar value of such dealing.	\$ 687.05
City MIAMI State FLORIDA ZIPCode+433185-3945	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered und		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		

14.b. Amount of payment.

Street

City

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant